



Idaho EMS Bureau
Idaho Department of Health and Welfare
P O Box 83720
Boise ID 83720-0036
(208) 334-4000 – Fax (208) 334-4015 – www.idahoems.org



9th Annual Oregon EMS for Children
TRAINING GRANT APPLICATION

Due February 16, 2009

I. EMS AGENCY INFORMATION

Agency Name: _____

EMS License #: _____ Federal Tax ID #: _____

Primary Training Grant Contact: _____

Grant Contact Phone #: _____ Alternate # or Email: _____

Agency Clinical Level: _____

Annual Pediatric Call Volume: _____

II. SIGNATURE

I hereby certify that the information contained in this application is true and correct.

Authorized Signature for Agency: _____

Name and Title Printed: _____

Date: _____

The following attachments are required for completion of the application:

Conference Fees Reimbursement Request & Training Grant Narrative

Applications will be eligible for consideration only if postmarked or hand delivered to the EMS Bureau Office no later than the end of the business day:

February 16, 2009
Rachael Alter
Idaho EMS Bureau
PO Box 83720
Boise, ID 83720-0036
Fax: (208) 334-4015
alterr@dhw.idaho.gov

III. CONFERENCE FEES REIMBURSEMENT REQUEST

Item	Maximum Amount Available	# of Students Anticipated	Amount Requested
Conference Registration Fees	\$125		
Pre-Conference Registration Fees	\$50		
Travel Costs*	\$350		

*For travel reimbursement, per diem rates not to exceed GSA amounts (www.gsa.gov)

Total Amount Requested: _____

IV. TRAINING GRANT NARRATIVE

PART 1 – BENEFIT AND/OR JUSTIFICATION OF NEED

PART 2 – EXPLANATION FOR LACK OF AVAILABLE FUNDS

USE ADDITIONAL PAGES AS NEEDED